

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD
ARLINGTON, VIRGINIA 22201

NOTICE OF CONTRACT RENEWAL

TO: B2E CONSULTING ENGINEERS, PC
116 N EDWARDS FERRY ROAD, NE
LEESBURG, VA 20176

DATE ISSUED: August 28, 2018+
CONTRACT NO: 638-15-9
CONTRACT TITLE: Multidisciplinary A&E Services

THIS IS A NOTICE OF CONTRACT RENEWAL AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

This is your notice that the above referenced contract has been renewed. The "Contract Term" covered by this Notice of Contract Renewal is effective October 1, 2018, and expires September 30, 2019, subject to any modifications as provided for in the Contract Documents.

The Contract Documents consist of the terms and conditions of Arlington County Agreement No. 638-15-9, including any exhibits, attachments or amendments thereto.

CONTRACT PRICING:

1. REFER TO ARLINGTON COUNTY AGREEMENT NO. 638-15-9
2. SEE ATTACHED RENEWAL TERM PRICE(S)

ATTACHMENT/S:

1. ARLINGTON COUNTY AGREEMENT NO. 638-15-9
2. PRICING EFFECTIVE October 1, 2018

EMPLOYEES NOT TO BENEFIT:

NO COUNTY EMPLOYEES SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

VENDOR CONTACT: Bruce Beddow

VENDOR TEL. NO.: 703-737-0400

E-MAIL ADDRESS: b2@b2epc.com

COUNTY CONTACT: Cynthia Wilson

COUNTY TEL. NO.: 703-228-4438

E-MAIL ADDRESS: cwilson@arlingtonva.us

CONTRACT AUTHORIZATION



Igor Schebakov
Procurement Officer

John Jefferson

From: Cynthia Wilson
Sent: Thursday, August 30, 2018 10:45 AM
To: John Jefferson
Subject: RE: Arlington County Contract No. 638-15-9 DES Multi A/E Services

John;
I have reviewed and take no exception.

Cynthia Wilson, AIA, LEED® AP
DES-Facilities Design & Construction
[Tel:703-228-4438](tel:703-228-4438)

From: John Jefferson
Sent: Thursday, August 30, 2018 10:32 AM
To: Cynthia Wilson <Cwilson@arlingtonva.us>
Subject: FW: Arlington County Contract No. 638-15-9 DES Multi A/E Services

Cynthia:

Attached is an updated pricing list sent from B2E CONSULTING ENGINEERS, PC, for Contract # 638-15-9, DES – MULTIDISCIPLINARY A&E SERVICES.

Regards,

John Jefferson
Arlington County, Virginia
Office of the Purchasing Agent
703-228-0579

From: Nicole Beddow [<mailto:nbeddow@b2epc.com>]
Sent: Thursday, August 30, 2018 10:17 AM
To: John Jefferson <jjefferson@arlingtonva.us>; Beddow Bruce <b2@b2epc.com>
Subject: Arlington County Contract No. 638-15-9 DES Multi A/E Services

Mr. Jefferson,

Please find attached the paperwork requested to extend our contract with Arlington County.

Originals have been mailed.

Let me know if you need any further paperwork.

Thank you.

Nicole S. Beddow



Arlington County
Office of the Purchasing Agent
Attn: Mr. John Jefferson
2100 Clarendon Blvd. Ste 500
Arlington, VA 22201

29th August 2018

Subject: Arlington County Contract No. 638-15-9 DES Multidisciplinary A&E Services

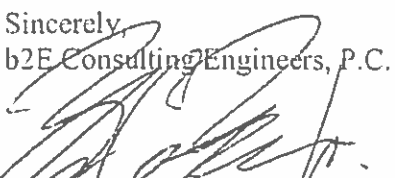
Dear Mr. Jefferson,

Thank you for your email dated August 27th, 2018 regarding the renewal of contract No. 638-15-9 DES Multidisciplinary A&E Services between Arlington County and b2E Consulting Engineers, P.C.

We would like our contract to be extended and are happy to provide our hourly rates sheet and updated certificates of insurance which are attached.

Thank you for this opportunity and we look forward to working with Arlington County.

Sincerely,
b2E Consulting Engineers, P.C.



Bruce E. Beddow, Jr., CEM, PE
President

116 N Edwards Ferry Road, NE Leesburg, VA 20176
Phone: 703-737-0400 Mobile: 703-930-2053
Email: b2@b2Epc.com



ARLINGTON COUNTY

B2E SCHEDULE OF HOURLY RATES - FY2018

(Submitted to John Jefferson Contract 638-15-9)

POSITION	BASE RATE	MULTIPLIER	HOURLY FEE (\$/hr)
Principal	\$53.30	2.85	\$151.91
Project Manager	\$46.13	2.85	\$131.46
Specification Writer	\$35.88	2.85	\$102.24
Mechanical Engineer 3	\$43.05	2.85	\$122.69
Mechanical Engineer 2	\$37.93	2.85	\$108.09
Mechanical Engineer 1	\$32.80	2.85	\$93.48
Electrical Engineer 3	\$43.05	2.85	\$122.69
Electrical Engineer 2	\$37.93	2.85	\$108.09
Electrical Engineer 1	\$32.80	2.85	\$93.48
Plumbing Engineer 3	\$43.05	2.85	\$122.69
Plumbing Engineer 2	\$37.93	2.85	\$108.09
Plumbing Engineer 1	\$32.80	2.85	\$93.48
Fire Protection Engineer	\$43.05	2.85	\$122.69
Tele-communication Engineer	\$43.05	2.85	\$122.69
Security Engineer	\$43.05	2.85	\$122.69

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Architect 3	\$43.05	2.93	\$122.69
Architect 2	\$35.88	2.93	\$102.24
Architect 1	\$30.75	2.93	\$87.64
LEED AP Engineer 3	\$43.05	2.85	\$122.69
LEED AP Engineer 2	\$35.88	2.85	\$102.24
Technical Support (CAD) 3	\$35.88	2.85	\$102.24
Technical Support (CAD) 2	\$30.75	2.85	\$87.64
Technical Support (CAD) 1	\$25.63	2.85	\$73.03
Administrative 3	\$30.75	2.85	\$87.64
Administrative 2	\$25.63	2.85	\$73.03
Administrative 1	\$20.50	2.85	\$58.43

116 N Edwards Ferry Road, NE Leesburg, VA 20176
Phone: 703-737-0400
Email: b2@b2Epc.com

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER McGriff Insurance Services 2108 W. Laburnum Ave Suite 300 PO Box 17370 Richmond, VA 23227	CONTACT NAME: Jenny Fisher
	PHONE (A/C No., Ext): 804-678-5025 FAX (A/C No.): 888-751-3010 E-MAIL ADDRESS: JFisher@McGriffInsurance.com
INSURED B2E Consulting Engineers PC 116-N Edwards Ferry Road NE Leesburg, Va 20176	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : St Paul Fire & Marine Ins Company 24767
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		105686487	11/10/2017	11/10/2018	\$5,000,000 per claim \$5,000,000 Agggregate \$10,000/\$30,000 Deds.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Arlington County Office of the Purchasing Agent 2100 Clarendon Blvd Ste 500 Arlington, VA 22201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Associated Insurance Management, LLC 3140 West Ward Rd Suite 105 Dunkirk, MD 20754	CONTACT NAME: Barbara J Reynolds PHONE (A/C, No, Ext): (301) 812-2089 FAX (A/C, No): (877) 732-6149 E-MAIL ADDRESS: bjreynolds@aimcommercial.com
INSURED B2E Consulting Engineers, P.C. 116 N Edwards Ferry Road, N.E. Leesburg, VA 20176	INSURER(S) AFFORDING COVERAGE
	INSURER A: Hartford Casualty Insurance Co NAIC # 29424
	INSURER B: Hartford Insurance Co of Midwe 37478
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD. WYVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		42SBATY2597	05/16/2018	05/16/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E1 requirement) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		42SBATY2597	05/16/2018	05/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		42SBATY2597	05/16/2018	05/16/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	42WECJR4553	05/16/2018	05/16/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
A	Business Property		42SBATY2597	05/16/2018	05/16/2019	DEDUCTIBLE \$250 450,700

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location: 116 N. Edwards Ferry Road, NE, Leesburg, VA 20179
Business Personal Property Replacement Cost, Special Form.
Business Income Included, Annual Loss Sustained.
Additional coverage:
Employment Practices Liability
Effective 5/16/2018-2019
Policy Number 106924234
\$2,000,000 Limit, \$5,000 Retention

CERTIFICATE HOLDER Arlington County Office of the Purchasing Agent 2100 Clarendon Blvd, Suite 511 Arlington, VA 22201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Barbara J Reynolds</i>
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